

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	3					
17	1					
18	3					
19	3					
20	3					
21	3					
22	3					
23	3					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	2					
33	2					
34	1					
35	3					
36	2					
37	2					
38	2					
39	1					
40	1					
41	5					
42	1					
43	2					
44	1					
45	1					
46	1					
47	1					
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	64					
TOTAL CLAIMS	74					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
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91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

22  
27  
10  
S  
64